



LAND TREATMENT VARIANCE APPLICATION

North Dakota Department of Health

Division of Waste Management

Telephone: 701-328-5166 Fax: 701-328-5200

SFN-51601 (Rev. 06/01)

For State Use Only:

File: _____ County: _____

Section 33-20-01.1-14 NDAC states variances may be granted if the Department "finds that by reason of exceptional circumstances strict conformity with any provisions of this article would cause undue hardship or would be unreasonable, impractical, or not feasible...." Please consult the Department and any pertinent Land Treatment Guidelines before completing the variance application. Variances may be granted for a one-time event only. Repeat operations may require a full permit. In addition, applicable portions of the state solid waste management regulations should be referenced in completing the application. The location of a Land Treatment unit shall comply with NDAC 33-20-04.1-01., General Location Standards, Subpart 1., and Subpart 2. Applications must be thorough and complete to be considered. A written Land Treatment Variance must be received from the Department before disposal may begin. Please call the Department's Solid Waste Program at (701) 328-5166 to coordinate your application with a Department staff member.

A. Waste Description - please attach copies of pertinent waste analysis:

Waste Source/Facility Name:	Waste Type:		
Approximate Volume:	How was the waste generated?		
Release Site Legal Description/Street Address:			
County:	Section:	Township:	Range:
Generator/Owner:		Telephone:	
Generator's/Owner's Street or PO Box Mailing Address:			
City:	State:	Zip Code:	Telephone:

B. Proposed Land Treatment Location and Ownership:

Section:	Township:	Range:	County:
Total Acreage:			
Property Owner:			
Property Owner's Street/PO Address:			
City:	State:	Zip Code:	Telephone:
Present Land Use:		Future Land Use:	

C. Maps

Indicate which maps accompany the application (see Instructions in Disposal Site Selection of guideline):

☐ Published Soil Survey Map ☐ Unpublished Soil Survey Map ☐ CFSA Map ☐ Topographic Map

Exact site location must be marked on the soil survey or other map.

D. Site and Soil Characteristics and Proposed Operation - attach any assessment of soil nutrients:

A.. Site Slope (Percent)	B. Distance to Surface Water:		Feet	C. Distance to Nearest Building or Residence (feet)
			Miles	
D. Depth to Seasonal High Water Table (feet)	E. Area of Land to be Used:		Square Feet	F. Land Treatment Procedures and Monitoring:
			Acres	
G. Expected Date(s) of Fertilizer Application (see Guideline):			H. Application Thickness (inches):	
I. Expected date of waste application:			J. Expected Date(s) of Tillage (see Guideline)	

E. Local Zoning Approval

<p>Waste disposal must not conflict with local zoning ordinances. Consult with representatives of the applicable zoning jurisdiction (county, township, or city) to determine waste disposal compliance with zoning ordinances. A representative of local zoning jurisdictions <u>must</u> sign the application.</p> <p>The undersigned acknowledge(s) that the above-described waste management or land treatment activities do not conflict with county and/or city/township zoning restrictions.</p>		
Signature of County Official:	Print Name/Title:	Date Signed:
Address:		Telephone:
Signature of City or Township Official:	Print Name/Title:	Date Signed:
Address:		Telephone:

F. Signatures

<p>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who will manage this system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. Activities will be conducted in accordance with Departmental procedures and as described herein. I am aware that there are significant penalties for submitting false information.</p>		
Applicant's Signature:	Print Name and Official Title:	Date Signed:
Applicant's Address:		Telephone:
Operator's Signature:	Print Name and Official Title:	Date Signed:
Operator's Address:		Telephone:
Property Owner's Signature (as listed in Section C):	Print Name and Official Title:	Date Signed:
Engineer's or Consultant's Signature:	Print Name and Registration:	Date Signed:

Mail this application and supplemental forms to:

**ND DEPARTMENT OF HEALTH
DIVISION OF WASTE MANAGEMENT
PO BOX 5520
BISMARCK ND 58506-5520**

Signature of Staff or Health District Inspector (or other authorized person): _____ Date: _____